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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/565,688	01/24/2006	Kenjiro Miyano	NAII127017	2402
	7590 05/12/200 N, O'CONNOR, JOHN	8 ISON, KINDNESS, PLLC	EXAMINER BUI PHO, PASCAL M ART UNIT PAPER NUMBER	
1420 FIFTH A				
SUITE 2800 SEATTLE, WA 98101-2347			ART UNIT	PAPER NUMBER
			2878	
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			05/12/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summany	10/565,688	MIYANO ET AL.	
Interview Summary	Examiner	Art Unit	
	Pascal M. Bui-Pho	2878	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Pascal M. Bui-Pho</u> .	(3)		
(2) <u>Jeffrey Sakoi</u> .	(4)		
Date of Interview: 02 May 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: None.			
Identification of prior art discussed: None.			
Agreement with respect to the claims f) was reached. g	ı)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Abandonment of present</u>			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	/Pascal M. Bui-Pho/ Examiner's signature, if requi	red	
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Application No.

Applicant(s)